

FINANCE COMPANY'S MONTHLY REPORT OF WHOLESALSALES TO LICENSED DEALERS

FROM:

License No: _____

Name: _____

Address: _____

Phone: _____

SUBMIT BY
10th of Month
To:

STATE OF ALABAMA
ALABAMA MANUFACTURED HOUSING COMMISSION
350 SOUTH DECATUR STREET
MONTGOMERY, ALABAMA 36104
TELEPHONE: (334) 242-4036 FAX: (334) 240-3178

I certify that the following manufactured homes were sold
during the month of _____, 20 ____
Signed: _____

LINE NO.	COMPLETE HUD LABEL NUMBER	COMPLETE MANUFACTURER'S SERIAL NUMER	WIND ZONE	LENGTH	WIDTH	DATE OF MFT.	DEALER'S NAME	DEALER LICENSE NUMBER	DEALER CITY
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

* SUBMIT IN DUPLICATE